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CORRESPONDENCE ADDRESS Filing Date Application MOK, S. First Named Inventor 2132 Art Unit Address to: Commissioner for Patents HERRING, V.A. **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 1085-PWH Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with **Customer Number:** 60597 OR Firm or Individual Name Address City State Zip Country Telephone Email This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or agent of record. Registration Number 31,169 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1,33(a)(1). Registration Number Signature Typed or Printed Patrick W. Hughe Name Telephone Date June 2, 2006 503.274.5455 NOTE: Signatures of all the inventors or easignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below J "Total of forms are submitted

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